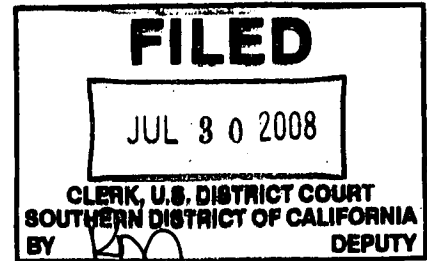


DAVID LASHAY BROWN
 PLAINTIFF/PETITIONER/MOVANT'S NAME
E43415
 PRISON NUMBER
CENTINELA STATE PRISON
 PLACE OF CONFINEMENT
P.O. BOX 911, IMPERIAL CAL
 ADDRESS



**United States District Court
 Southern District Of California**

DAVID LASHAY BROWN

Plaintiff/Petitioner/Movant

v.

V. M. ALMAGER

Defendant/Respondent

Civil No.

08CV1287 BEN (AJB)

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, DAVID LASHAY BROWN
 declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without
 prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this
 proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust
 account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. _____

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? ☐ Yes ☒ No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. _____

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): _____

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

7-28-08

DATE

David Brown

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant BROWN, DAVID
(NAME OF INMATE)

F43415

(INMATE'S CDC NUMBER)

has the sum of \$ <1.35 on account to his/her credit at

CENTINELA STATE PRISON

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities Ø

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$ 14.54

and the *average monthly deposits* to the applicant's account was \$ 3.75

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

7/29/08
DATE

M. Preciado

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

MONICA PRECIADO

OFFICER'S FULL NAME (PRINTED)

ACCOUNT CLERK II

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, DAVID LASHAY BROWN F43415, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a
certified copy of the statement for the past six months of my trust fund account (or institutional equivalent)
activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my
trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to
this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-
10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California,
and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which
I am obligated is either ☐ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also
understand that this fee will be debited from my account regardless of the outcome of this action. This
authorization shall apply to any other agency into whose custody I may be transferred.

7-28-08

DATE

David Brown

SIGNATURE OF PRISONER

REPORT ID: TS3030 .701 REPORT DATE: 07/29/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CENTINELA STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 29, 2008

ACCOUNT NUMBER : F43415 BED/CELL NUMBER: FEB1T2000000240U
ACCOUNT NAME : BROWN, DAVID LASHAY ACCOUNT TYPE: I
PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
01/01/2008		BEGINNING BALANCE					9.74
01/07	FC01	DRAW-FAC 1	3942 FAC A		9.00	0.74	0.74
02/22	W536	COPAY CHARGE	4955M01/23		0.74	0.00	0.00
05/28	*DD30	CASH DEPOSIT	7036 MLRM	22.50			22.50
05/28	W536	COPAY CHARGE	7039M05/12		5.00	17.50	17.50
06/03	W516	LEGAL COPY CH	7110 05/29		1.50	16.00	16.00
06/03	W512	LEGAL POSTAGE	7109 05/29		0.15	15.85	15.85
06/03	W512	LEGAL POSTAGE	7124 06/02		1.51	14.34	14.34
06/09	FC02	DRAW-FAC 2	7258 FAC B		14.00	0.34	0.34
07/14	*W512	LEGAL POSTAGE	0305 07/11		0.10	0.24	0.24

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
TODD OFFICE

CURRENT HOLDS IN EFFECT

DATE	PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
07/14/2008		H118	LEGAL COPIES HOLD	0307 07/11	1.00
07/16/2008		H109	LEGAL POSTAGE HOLD	0364 07/14	0.59

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 09/08/06		CASE NUMBER: FVI022096	
COUNTY CODE: SBD		FINE AMOUNT: \$ 2,500.00	
DATE	TRANS.	DESCRIPTION	TRANS. AMT.
			BALANCE
01/01/2008		BEGINNING BALANCE	2,437.50
05/28/08	DR30	REST DED-CASH DEPOSIT	25.00
			2,412.50

REPORT DATE: 07/29/08
PAGE NO: 2

CENTINELA STATE PRISON
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 29, 2008

ACCT: F43415 ACCT NAME: BROWN, DAVID LASHAY ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
9.74	22.50	32.00	0.24	1.59	0.00
CURRENT AVAILABLE BALANCE					1.35



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE

BY W. J. [Signature]
CALIFORNIA DEPARTMENT OF CORRECTIONS
TRUST OFFICE